



# Navy and Marine Corps Medical News



*A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery*

## April 2011

### MEDNEWS Items of Interest:

**April marks "Navy Medicine: Focus on the Family"** This month highlights Navy Medicine's robust family-centered programs. As Navy Medicine focuses on patients and their families, it provides environments in which the entire family can heal physically, mentally, and spiritually. Families are a vital part of the care Navy Medicine provide and it is imperative to integrate children's needs in all Navy Medicine does.

#### National and International Observances in April include:

April 1—30

#### Alcohol Awareness Month

[www.samhsa.gov](http://www.samhsa.gov)

#### Sexual Assault Awareness and Prevention Month

[www.rainn.org](http://www.rainn.org)

#### Women's Eye Health and Safety Month

[www.geteyesmart.org/eyesmart/](http://www.geteyesmart.org/eyesmart/)  
Injuries

April 23 - 30

#### National Infant Immunization Week

[www.cdc.gov/vaccines/events/niw/](http://www.cdc.gov/vaccines/events/niw/)

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### Did You Know...

**Project FOCUS** is an eight-week, skill-based, trainer-led intervention that addresses difficulties families may have when facing the challenges of multiple deployments, and parental combat-related psychological and physical health problems.

## Navy Medicine Launches Dallas Navy Week

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

DALLAS - Navy Medicine leadership met with local health care providers, corporate executives, civic groups, and community leaders to discuss shared medical initiatives and Navy Medicine's role in the maritime strategy, as part of Dallas Navy Week 2011, April 5-8.

Rear Adm. Richard C. Vinci, deputy chief, logistics and installations, Navy Bureau of Medicine and Surgery, was the senior medical officer representing Navy Medicine during Dallas Navy Week.

"We are here to thank the citizens of the Dallas/Ft. Worth area for the great job they are doing in taking care of our armed forces," said Vinci. "It is also a great opportunity to show how we are taking care of the men and women in the Navy and those who will join the service, and demonstrate how we are

good stewards of the government's money."

Of nearly 330,000 active duty Sailors across the Navy, 41,000 come from the state of Texas. An additional 36,000 Sailors assigned to the Navy Reserve also hail from the state, Vinci noted.

During a meeting with leadership and staff from Susan G. Komen for the Cure, Vinci shared Navy Medicine's critical role in the chief of naval operation's maritime strategy.

"Navy Medicine plays a vital role in supporting the five 'hard power' capabilities of the maritime strategy: forward presence, deterrence, sea control, power projection, and maritime security; because no ship, submarine, or aircraft and other Navy assets deploys without the support of Navy Medicine," said Vinci. "Navy Medicine displays 'soft power' through its most visible role in humani-

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DALLAS - Rear Adm. Richard C. Vinci, deputy chief, logistics and installations, Navy Bureau of Medicine and Surgery, speaks with employees at the Susan G. Komen Foundation, Apr. 6 during Dallas/Ft. Worth Navy Week, one of 21 Navy Weeks planned across America for 2011. Navy Weeks are designed to showcase the investment Americans have made in their Navy as a global force for good and increase awareness in cities that do not have a significant Navy presence. (U.S. Navy photo by Senior Chief Mass Communication Specialist Gary Ward/Released)

## Navy Medicine: “Focus on the Family”

In recent months, the Defense Department has increased its focus on providing more support for the children of military families. I echo that call. Since I became Surgeon General, I have made it a top priority to inculcate a culture of patient and family-centered care across the Navy Medicine community. By focusing on patients and their families, we ensure we provide environments in which the entire family can heal physically, mentally, and spiritually. Families are a vital part of the care we provide. We need to ensure that we continue to integrate children's needs in all we do. We already have a robust family-centered program in place, a part of which I'd like to highlight this month.

In many ways, we have led the military's efforts on family readiness. From our Family Practice Residency training programs to Project FOCUS (Families OverComing Under Stress), we put Sailors, Marines, and their families at the forefront of our attention. When Sailors and Marines know that we are providing world class care for their children, especially while they are deployed, they have the assurance they need and deserve to focus on their mission.

In January 2009, BUMED Family

Programs Division was created under the Deployment Health Directorate in the Wounded, Ill, and Injured Warrior Support Command of BUMED and now oversees FOCUS training. In June 2009, the Office of the Secretary of Defense Child and Family policy praised FOCUS as a best practice program and requested the support of BUMED to expand the program to select Army and Air Force sites for services.

FOCUS is an eight-week, skill-based, trainer-led intervention that addresses difficulties families may have when facing the challenges of multiple deployments, and parental combat-related psychological and physical health problems. The program provides structured

**“Navy Medicine will do whatever it takes to deliver the highest quality care that is centered not just around the patient, but also around the family.”**

activities to bridge gaps in shared family understanding that may follow stressful experiences and separations. FOCUS uses family training techniques to highlight areas of strength and resilience in the family and promote family growth to help address daily challenges.

FOCUS develops families through a shared understanding of how their own deployment experience creates a unique story to enhance resiliency and prepare for the next deployment. The program includes the entire family and is tailored to suit its specific needs. FOCUS is offered in several formats: family consultations, family level training, small group training, and workshops. FOCUS also builds strong connections with other military family providers to support a network of care for families.

Navy Medicine's Core Concept of Care is patient and family-centered to ensure patient satisfaction, focusing on



Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General

increased access, coordination of services and safety, while recognizing the vital importance of the family. We serve our personnel and their families throughout a patient's treatment cycle and every aspect of medicine in the continuum of care to provide a seamless transition and reintegration for our Wounded Warriors. Part of that mission includes our family support programs to build paths to restoration, to maximize patient and family empowerment, and create comprehensive healing environments, especially for children who may be stressed due to a parent's frequent deployments.

FOCUS is showing remarkable results. Since its inception, thousands of family members and providers have reached out to FOCUS. Notably, program participation has resulted in significant *increases* in family and child positive coping and significant *reductions* in parent and child distress over time, suggesting longer-term benefits for military family wellness. Navy Medicine will do whatever it takes to deliver the highest quality care that is centered not just around the patient, but also around the family.

It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all thank you for your service.

**Navy and Marine Corps Medical News**

**Navy Bureau of Medicine and Surgery**

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## Bremerton Naval Hospital Supports Effort to Aid Returnees

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton (NHB) staff members assisted with the arrival at Seattle-Tacoma (SEATAC) international airport of the voluntary authorized departure of eligible family members from Japan, Mar. 21.

The military-chartered flight arrived from Naval Air Facility Atsugi with 154 passengers and 21 pets. NHB was one of numerous Navy assets to help support the US Army North joint mission, with an established reception and coordination center to receive, account for, and render support for the returning family members.

Patient Administration Hospital Corpsmen, a doctor, and a nurse from the Family Practice Clinic and technical support from the leading chief petty officer of Information Management Division aided in the overall process to get the family members to their final destinations scattered throughout the U.S. The Army-led joint service support team brought in experts from personnel services, logistic and other specialties to streamline and personally manage and address the returnees' needs and required administrative accountability.

"We are here in this joint environment to provide military-medical liaison, any basic medical needs, handle triage requirements and screen anyone for any health-related issues," said Cmdr. Pat Taylor, NHB's Family Practice Assistant department head.

The Monday flight followed the initial arrival on Mar. 19 that brought approximately 240 military family members to the designated destination, including 190 children, and nine pets from Yokota Air Base.



BREMERTON, Wash. - Hospital Corpsman 2nd Class Jerry Wagner, Naval Hospital Bremerton's Patient Administration Operational Forces Liaison, provides assistance on coordinating medical-care for Minerva Aquinaga and her six-month old daughter, Cassandra at Seattle Tacoma (SEATAC) International Airport. Wagner and other NHB staff members assisted with the arrival at SEATAC of the voluntary authorized departure of eligible family members from Japan on March 21. (U.S. Navy photo by Douglas H. Stutz/Released).

"We had some minor medical issues on Saturday such as allergies kicking in and some gastro-intestinal distress," Taylor said. "We handled everything with the supplies we had on hand."

These two flights are the beginning of multiple chartered

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## DALLAS

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tarian assistance/disaster relief (HA/DR) missions."

Vinci shared Navy Medicine's critical research and development piece through all six components of the maritime strategy.

"Before the USNS Comfort (T-AH 20) went to Haiti after a massive earthquake struck its capital, research and development went into every facet of creating and testing those supplies, medical capabilities, and logistics before the ship left her port in Baltimore, Md.," said Vinci.

The 2010 HA/DR mission to Haiti is also an example of smart power, according to Vinci.

"Smart power is providing humanitarian assistance and disaster relief alongside our international partners

to help bring stability and hope to those in need to the benefit of the global community," said Vinci. "Navy Medicine is often a cornerstone of these important missions."

Vinci also met with emergency medical and rescue staff at the Dallas Fire Department to discuss trauma care, life-saving techniques, procedures currently used on the battlefield in Afghanistan, and advancements in Navy Medicine research and development.

"Through medical research and development, we have made great strides in innovative ways to treat wounded service members in theater," said Vinci. "A one-handed, self-applied tourniquet and a one-handed cricothyrotomy kit, which allows quick and safe access for breathing when there is a blockage in the throat, are just two ways that are making a difference in saving lives of our Sailors and Marines

whereas many would have been lost in the past."

Other Navy Medicine engagements during Dallas Navy Week included speaking with the Dallas Cowboys head trainer and emergency medical support (EMS) stadium staff; visits to the Baylor School of Nursing, Susan G. Komen for the Cure, and the Veterans Affairs North Texas Healthcare System; receiving mayoral proclamations from the mayors of Dallas and Ft. Worth; and speaking with students from the University of North Texas Health Science Center, among others.

Dallas Navy Week is one of 21 Navy weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence. Dallas Navy Week events continue until April 15.

# Navy's Top Doc Addresses 2011 Sea-Air-Space Exposition

By Navy Bureau of Medicine and Surgery  
Public Affairs

NATIONAL HARBOR, Md. - The Navy Surgeon General addressed Navy Medicine's role in international humanitarian assistance and global health diplomacy in support of the Navy League Sea-Air-Space Exposition held at the Gaylord National Resort and Convention Center in National Harbor, Md., April 11.

"The Navy has been doing humanitarian assistance and disaster relief for years and it is of crucial importance," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy Surgeon General and Chief, Bureau of Medicine and Surgery. "We are the best suited for these missions because we can deploy medical capabilities around the world in a matter of hours and never skip a beat."

The theme of this year's exposition is "Internationally Engaged: Ensuring Freedom of the Seas," and in that vein, Robinson highlighted many of Navy Medicine's international engagements and partnerships.

Robinson discussed Navy Medicine's role in support of the Japanese relief efforts, especially Operation Tomodachi. According to Robinson, the Navy has upwards of 500 medical personnel working in direct support of Tomoda-

chi, including more than 30 radiation health officers and technicians supporting every service and joint command in the region.

Robinson cited the importance of the Navy hospital ships and how the inter-agency and multinational missions they conduct demonstrate the key role of 'whole of government' solutions. He praised missions like Operation Con-

***"We are the best suited for these missions because we can deploy medical capabilities around the world in a matter of hours and never skip a beat."***

tinuing Promise 2011, currently underway in South and Central America and the Caribbean, with 13 partnering and host nations and multiple governmental and non-governmental organizations, in an effort to build emergency preparedness in the region and forge future partnerships.

"The difference in civilian and Navy Medicine is our adaptability and flexibility to surge medical capacity anywhere in the world while maintaining quality

patient and family-centered care at home," said Robinson. "That is what our hospital ships and expeditionary medical forces are all about."

Robinson also highlighted the important strides Navy Medicine is making in global health diplomacy in areas around the Horn of Africa and Afghanistan.

"We are committed to helping bolster Afghanistan's medical capability, as well as, many other places around the world," said Robinson. "Our global medical partnerships are important to us as they are critical to helping us preserve stability in these regions. We have seen tremendous success in this area in multiple parts of the world and will remain steadfast in our commitment to them."

The annual Navy League Sea-Air-Space Exposition brings together the U.S. defense industrial base, private-sector U.S. companies and key military decision makers in a forum where open discussion and interaction is encouraged.

This year's event features more than 150 exhibits, five professional development seminars, daily floor speaker sessions, and the new Maritime Energy pavilion where speakers will discuss the current and future energy initiatives of the sea services.

## BREMERTON

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flights bringing in an estimated 7,000 Department of Defense personnel and family members impacted by devastating Mar. 11 earthquake and tsunami.

"Bringing military medicine to where it's needed is what we do," said Lt. Cmdr. Gray Dawson, NHB Family Practice, noting that for the majority of passengers arriving, the common theme was simply a relief to finally be at their chosen destination of departure. "But we're here for anything, even working with them to clear up TRICARE questions or find and contact a case manager for them to where they are headed, or just seeing them or their

children for any reason at all."

For Minerva Aguinaga, traveling from NAF Atsugi with her six-month old daughter Cassandra and another baby on the way, her main concern after the long flight was linking up with a provider at her final destination to assist with checkups during her pregnancy. Hospital Corpsman 2<sup>nd</sup> Class Jerry Wagner, NHB Patient Administration, seamlessly stepped in to calm her unease. "I am worried about base access and unsure about the entire area where we are going," said Aguinaga.

Wagner, adept in fleet liaison and family consult issues, took her paperwork to ensure her family information will be correctly updated in TRICARE. He then explained how he would ar-

range contact information and facilitate necessary paperwork for her upcoming appointments. "We'll make sure she has no problem," said Wagner. "That's what we're here for."

"Although we haven't fielded a lot of questions, the families arriving see we're here and everyone else standing by to help them," said Taylor. "That takes a lot off their mind. The combined team effort going on here really is tremendous. The NBK Child Development Center has set up a great area to watch the children so the parents can concentrate on getting checked in and our Fleet and Family Support team has so much compassion in reaching out to every family member and helping them."

## Books, Crafts, Kids at Museum for Month of the Military Child

By Lance Cpl. Shandra Dyess, Marine Corps Base Quantico

MARINE CORPS BASE, QUANTICO, Va. — Children of military personnel celebrated the Month of the Military Child during an event at the National Museum of the Marine Corps on Saturday.

The event ran from noon to 3 p.m. and featured face painting, a puppet show and a visit from McGruff the crime dog, said Martha Stout, education specialist at the museum.

The Month of the Military Child began in 1986 as a way to share with the world the impact children have on the armed forces.

Reilley, 4, showed her pride as a military child by telling people that her father was a Marine.

"He can beat up a bear," said Reilley.

Sunshee Wilson, author of "Mommy Wears a Uniform" was

also present for a book reading and signing.

The event was sponsored by Families Overcoming Under Stress, the New Parent Support Program, Marine Corps Family Team Building, the Exceptional Family Member Program, the School Liaison Program, the Family Advocacy Program and the base library.

The museum isn't alone in celebrating the month, however. The Children, Youth and Teen Program is holding events throughout the month. The CYTP will have garden planting April 11-15 and an egg hunt on April 20.

The Marine Corps Exchange also held events in celebration of the Month of the Military Child on Saturday where children competed in events like a Lego contest and diaper derby.

For information on this month's events, view the Marine Corps Community Services website at [www.quantico.usmc-mccs.org](http://www.quantico.usmc-mccs.org).



## Navy Physician Assistant Training Ranked Among Nation's Best

By Larry Coffey, Navy Medicine Support Command Public Affairs

SAN ANTONIO - The Interservice Physician Assistant Program (IPAP) was selected by U.S. News and World Reports as a top graduate school program April 5.

A 2012 special edition of U.S. News and World Reports Best Graduate Schools announced that IPAP, based at Fort Sam Houston, was selected in a three-way tie with Northeastern University in Boston and Stony Brook University - SUNY in Stony Brook.

The selection was based on peer assessment surveys within the discipline and can be viewed online at the U.S. News and World Reports website.

"I am very proud of our PA training program," said Rear Adm. Eleanor Valentin, Commander, Navy Medicine Support Command and the Navy's Medical Service Corps director.

"Our physician assistants are charged with the care of our most important resources in the Navy and Marine Corps - our people. So, it is essential that we provide the best training possible. Our joint training program at Fort Sam Houston accomplishes this in part by combining the best of the military services," she said.

IPAP is taught by Navy, Army, Air Force and Coast Guard instructors, and is comprised of students from those services and the Marine Corps.

Training includes 2,810 hours of clinical rotations, direct patient care, research work and classroom study, said Lt. Cmdr. Ron Perry of the Health Care Interservice Training Office and

an IPAP instructor from 2006 to early 2011.

Additionally, students submit a master's thesis to the University of Nebraska. The students graduate with master's degrees in physician assistant studies from the University of Nebraska, ranked number 16 by U.S. News and World Reports.

The students are then commissioned as a lieutenant junior grade in the Navy's Medical Service Corps, Perry said.

"Our mission is to provide the uniformed services highly competent, compassionate PAs," Perry said. "We are committed to training PAs who model integrity, strive for leadership excellence, and are committed to lifelong learning."

The IPAP is the world's largest PA program, graduating approximately 225 PAs annually, while maintaining the high-quality reputation for which it has become known, Perry said.

"All program graduates are well-prepared to provide high-quality patient care in a wide variety of settings like inpatient, outpatient, primary and surgical care," Perry said. "They provide this care both in the U.S. and abroad."

"It is wonderful to hear that the Interservice Physician Assistant Program has been ranked among the leading physician assistant programs," said Lt. j.g. Tonya Lozier, a 2010 IPAP graduate who is now serving at the Marine Special Operations Command (MARSOC) at Camp Lejeune, NC.

"What an extraordinary testament to the quality of leadership and instruction provided to prepare hundreds of IPAP students service wide," she said.



## Martha Stewart Honors Military Families at Camp Lejeune

By Anna Hancock, Naval Hospital Camp Lejeune Public Affairs

CAMP LEJEUNE, N.C. - First Lady Michelle Obama, Dr. Jill Biden and Martha Stewart kicked off a national tour to generate support and awareness for Joining Forces aboard Marine Corps Base Camp Lejeune, N.C., April 13.

Joining Forces is a national initiative focusing on supporting America's service members and their families. Obama noted how Camp Lejeune and the Jacksonville, N.C., community serve as a model for military support and positive community involvement to the rest of the nation, and was an obvious choice to launch their national campaign.

Later that afternoon, Stewart, an Emmy Award-winning television series host, joined Capt. Daniel Zinder, NHCL commanding officer, and Col. Daniel Lecce, Marine Corps Base Camp Lejeune commanding officer, in recognizing active duty NHCL staff for their work and commitment to serving their country and taking care of military families.

Stewart donated a southern magnolia tree and engraved plaque to the hospital. The dedication ceremony began with

Stewart introducing Zinder and Lecce to the crowd, and then gifting the tree to Zinder. Stewart said choosing NHCL to dedicate the tree to growing military families was most appropriate. She recognized that out of the approximate 100,000 babies born each year in the United States, about 2,000 babies are delivered at NHCL, placing NHCL among the hospitals with the highest birth rates in the country.

"I brought you a gift," said Stewart. "Since you're doing this massive restoration at the hospital, I thought you can use this grand Magnolia...in honor of Mother's Day and the babies born here at the Naval Hospital"

Stewart's vision is for the babies born in 2011 to return to the Naval Hospital and visit the tree as it flourishes, to remind the children of Stewart's increasing gratitude to military children's many sacrifices for this country. She empathized with military children, who she noted often grow up with only one parent present while the other serves this country somewhere away from home.

Stewart began the tree planting demonstration with the help from the commanding officers and two active duty Navy NHCL staff members. The demon-

stration concluded with the presentation of an engraved plaque from Stewart to the Naval Hospital that states, "A gift to babies born at Camp Lejeune in 2011. April 13, 2011."

The commanding officers then presented Stewart with their respective command coins; thanking Stewart for her kind gesture.

"NHCL staff is a mix of active duty Sailors, civil service employees, contract personnel and Red Cross volunteers who carry out Navy Medicine's mission to provide quality care to all Sailors, Marines and their families no matter where they serve around the world, every day," said Zinder. "Our Sailors serve in positions from doctors and corpsman, to biomedical technicians and facilities maintenance, and we pride ourselves in our great Navy medicine support to the military community."

Stewart supported Zinder's comments and commended the efforts of the hospital staff in taking care of their own.

"I think the community is lucky to have the Naval Hospital here," explained Stewart. "The hospital is very valuable. I met some of the doctors and families and they were great. I hope that the children and families appreciate [the gift] for years to come."

## Combat Casualty Care Course: Marines Learn Battlefield First Aid

By Lance Cpl. Anthony Ward Jr., Marine Corps Bases Japan

CAMP SCHWAB, Okinawa, Japan — Combat is an inherently dangerous environment in which casualties can occur at any time.

The Tactical Combat Casualty Care course held on Camp Schwab March 14-18 taught Marines the battlefield first aid needed to tend to the wounds fellow Marines might receive during combat.

During the five-day course, Marines with Military Police Support Company, Headquarters Battalion, 3rd Marine Division, III Marine Expeditionary Force, learned how to keep combat

casualties alive while awaiting transport to medical care.

The first three days were classroom instruction with some practical applications, said Petty Officer 3rd Class Eddie Rodriguez, a special amphibious reconnaissance corpsman with 3rd Reconnaissance Battalion, 3rd MarDiv. During the last two days of class, Marines use their new skills in realistic training scenarios.

All Marines receive some sort of first aid care while in boot camp, but the training taught during TCCC goes more in depth, Rodriguez said.

"All Marines know how to use an occlusive dressing on a gunshot

wound or splint a broken bone," Rodriguez said.

An occlusive dressing is an air- and water-tight trauma dressing used in first aid.

Providing care on the battlefield however involves understanding human physiology, the aftermath of a wound and being able to care for the victim for a few hours or even days, said Rodriguez.

In one field environment training scenario, two students, a caregiver and an assistant, administered care to a simulated casualty. The team assessed the casualty before providing battlefield first aid, he added.

## Navy Fuels Go Green, Navy Biomedical Research Part of the Plan

By Naval Medical Research Unit-Dayton Public Affairs

DAYTON, Ohio - The Navy currently relies on at least seven types of petroleum-based fuels to power its multitude of ships, aircraft and other components of the fighting force. Recent Navy efforts are aimed at replacing approximately half of the 35 million barrels of fuel with alternative fuels.

Biofuels generated from fats, plant materials or other natural resources are particularly promising, with two types of biofuels currently undergoing performance-based testing. Hydrotreated Renewable Jet (HRJ) fuel generated from camelina seeds was used as a 50/50 blend with conventional Jet Propulsion (JP)-5 to fly the F/A-18 "Green Hornet" on Earth Day 2010, and a marine biodiesel form of F-76 made from algae was used as a blend to power a Riverine Boat in October 2010.

Despite being biologically based, biofuels still need to undergo a series of toxicological tests to ensure the safety of the military personnel working with and around these fuels. Naval Medical Research Unit-Dayton (NAMRU-Dayton) researchers are working with the Naval Air Warfare Center, Aircraft Division to evaluate HRJ and the algae-based form of F-76 for toxicity and biological efforts.

To reduce costs and streamline testing, the NAMRU-Dayton team has relied heavily on in vitro technologies that expose human lung cells, grown in dishes, to the biofuels and blends directly or as vapors. Following exposure, the researchers determine damage to the cells by tracking enzyme activity. The team also assesses the mutagenic and carcinogenic potential of the biofuels and blends with the Ames assay, a test that NAMRU-



PATUXENT RIVER, Md. - An F/A-18F Super Hornet strike fighter, dubbed the "Green Hornet," is fueled with a 50/50 blend of biofuel and conventional fuel at Naval Air Station Patuxent River, Md. before a supersonic test flight. (Photo by Liz Goettee/Released)

Dayton researcher, Michelle Okolica, testing bio-fuels.

To date, the in vitro toxicological tests performed by NAMRU-Dayton show no evidence of mutagenic events in the DNA with either HRJ or the algae-based F-76 fuel.

These preliminary data indicate that the risk to military personnel likely will not increase with the use of these alternative fuels, potentially giving the Navy a "green light" for moving to these types of fuels in the near future.

## MARINES

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MARINE CORPS BASES JAPAN - Marines from Military Police Support Company, Headquarters Battalion, 3rd Marine Division, III Marine Expeditionary Force, move a simulated casualty on a stretcher during a Tactical Combat Casual Care class on Camp Schwab March 17. (Marine Corps photo by Lance Cpl. Anthony Ward Jr./Released)

"It was as real as we could get it," said Cpl. Daniel Malmberg, the simulated victim for the exercise and one of the students in the course.

As part of the "real" training the caregiver and assistant inserted a tube into Malmberg's nostril. The procedure, referred to as a nasopharyngeal, is used to open the airway of an unconscious victim, preventing the tongue from blocking air passages.

The course taught the guidelines of battlefield care but also provided Marines with the necessary skills to think independently when dealing with a downed casualty, said Malmberg after completing the course.

"I'd be able to assess any casualty, diagnose and fix them," he added.

The Marines learned to improvise and use what was available to treat casualties, Rodriguez added.

"Field medicine is kind of improvised," said Rodriguez. "You might use a stick to make a splint. Today we had the Marines use duct tape as an occlusive dressing."

TCCC instructors try to teach Marines to think outside the box for solutions to provide medical aid, Rodriguez said. The knowledge corpsmen teach Marines at TCCC might someday save lives, he said.

## Naval Detainee Medicine – New Challenges, New Insight

By Lt. Cmdr. Anthony LaCourse PA-C,  
MSC, USNR

Working as medical support in a detainee facility was an incredibly demanding position as a Navy Individual Augmentee (IA). Combine those demands with the challenges of operating in a combat zone and conflicting emotions about your job, and it was even harder. We often compared it to an act from Dante's Inferno, a struggle of environment, emotions, and trying to do the best job possible. The setting was the Detention Facility in Parwan (DFIP), located several kilometers from Bagram Air Field, Afghanistan, where the temperature ranged from 80 to 125 degrees on any given spring or summer day.

The Navy augmentation medical staff at the DFIP consisted of four reservists: Capt. Thomas Fluent, M.D. (Director of Behavioral Health), Lt. Cmdr. Anthony LaCourse, PA-C (Executive Officer), Lt. Kathleen Cooper, PA-C, Hospital Corpsman 1<sup>st</sup> Class Nicholas Huso, and one active duty Sailor, Lt. Alexandra Murray (HCA).

Working 70 to 80 hours every week, our job was to provide medical and administrative support to a medical facility housed inside the only theater-level detention facility in Afghanistan. We managed all aspects of care, including primary, emergency, and behavioral health. Our role was to augment a medical clinic primarily staffed by members of the Air Force and Army. All of us were

PARWAN, Afghanistan - Navy Individual Augmentees (IAs) provided medical support at the Detention Facility in Parwan (DFIP), Afghanistan. Back row from left: Hospital Corpsman 1st Class Huso, Hospital Corpsman 2nd Class French (Task Group Trident), Lt. Cmdr. LaCourse. Front Row from left: Lt. Murray, Lt. Cooper and Capt. Fluent (Courtesy photo/Released)



under the command of an Army brigade surgeon and answering to an Army brigadier general.

Our mission was a highly charged one. The detention facility was frequently visited by senior military and political officials from numerous countries. The care we provided was constantly under the scrutiny of military commanders, civilian leaders, and human rights organizations. This fact, combined with the ethical and moral dilemmas of caring for an enemy that was attempting to kill or injure our fellow soldiers made having compassion for our patients particularly difficult. But we persevered and even excelled at our job to provide top notch medical care not only to the detainees, but also to the Soldiers, Sailors, and Airmen tasked with protecting us and guarding the detainees.

Despite the fact we came from various backgrounds and locations from all

over the United States, when combined with the Army and Air Force team members, we developed into a cohesive and very effective medical unit.

Each of us faced challenges while working in the DFIP that we had never dreamed of facing before. None of us had worked in detainee healthcare previously, yet we accepted the challenge and turned them into opportunities for success. We came to accept the realities of working with patients who were often resistant and openly hostile. As providers we often found ourselves accommodating and changing our schedules to meet the medical and religious needs of our patients. Despite all these challenges we were glad to be able to complete the mission and to be able to reach out and share our training and experience, of what we learned, with the next generation of detainee medical operational teams.



### April is Sexual Assault Month

While individuals of both genders are perpetrators of sexual assault, the majority of those who commit sexual assaults are men. Even so, it is important to remember that the vast majority of men are not rapists. There are many things men (and women) can do to help prevent sexual violence.

For more information: *Rape, Abuse and Incest National Network* (<http://www.rainn.org>)

**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.**

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